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ABSTRACT

This handbook provides sexual information for college students. Though designed for students at North Carolina State University, it is a good model for similar publications on other campuses. The booklet begins by defining different forms of sexual activity--solo, casual, relational, and procreational. Other sections provide concise information on methods of contraception; male and female anatomy and physiology; pregnancy; abortion; and venereal disease. Sources of help for various problems are listed at the end. (BP)

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ATTITUDES AND ACTIONS

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Attitudes

We have gathered the information in this booklet for use by you, the N. C. State student. We hope that the facts provided here will aid you in making your decision about the range of sexual behavior that is most comfortable for you.

As you experience many different situations you will develop your own guidelines for behavior. This process of discovery comes from making your own decisions about being the person you want to be. This may or may not mean doing "what every one else does."

Varieties of Sexual Experience

SOLO SEX

Masturbation (the erotic stimulation of the genital organs, usually by hand) does not cause warts, brain damage, or impair sexual functioning with a partner. Both Kinsey and Masters & Johnson report no physical damage from masturbation, regardless of frequency. It is one variety of sexual experience you may choose for yourself. Mutual masturbation is a form of foreplay. Recent studies indicate that approximately 96% of college-age males and 70% of college-age females have masturbated. It may be enjoyed with or apart from any of the following.

CASUAL SEX

Sex as fun and games may be okay for you if both you and your partner see it that way and the possibility of pregnancy is eliminated. You might feel hurt if you want relational sex (see below) and your partner is into casual sex, so check this out with each other.

RELATIONAL SEX

This is sex within a caring relationship. How much commitment you want is up to you. You may decide to keep sex out of your relationship until you feel that the relationship is the way you want it.

Relational sex for you + Casual sex for your partner = Hurt for you

PROCREATIONAL SEX

This is sex with pregnancy as one of its goals. If you choose to have a sexual relationship there is no reason for a pregnancy unless you want it (see Contraception, p.3).

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You may choose some or all of the varieties of sexual experience. It is your decision. Think about it and then decide what is right for you. Often it is helpful to share this decision with your partner.

Contraception

Should you decide to engage in sexual behavior with a partner and don't feel you are ready for parenthood, you may want to consider some of the following methods of preventing pregnancy. Make your sex responsible by choosing a method of contraception before risking a pregnancy. The method you choose will depend upon the likes and dislikes of both you and your partner.

METHODS NEEDING A PHYSICIAN'S PRESCRIPTION -- The PILL, I.U.D., and DIAPHRAGM.

The Pill --

refers to several types of oral contraceptives which contain varying amounts of the female hormones estrogen and progesterone. A pill taken once a day prevents the formation of the egg in the ovary. The particular combination of estrogen and progesterone is determined for the woman by a physician based on her medical history and physiology. Therefore, using a friend's pill prescription is not a good idea.

How is it used?

1. Pills containing hormones are started on day-five of the menstrual cycle (the fifth day after bleeding begins) and are taken for 21 days. Then (depending on the brand) either no pills or sugar pills are taken for 7 days, during which time the woman has her period. This sequence (21 days + 7 days = 28 days) is repeated month after month.

2. Use an additional method of contraception during the first month on the pill because the pill is not always reliable during the first month of use.

3. If a pill is missed, take 2 the next day. If 2 are missed, take the missed pills and continue taking them. It is necessary to use an additional method of contraception for the rest of that month.

4. Have regular 6-month check-ups with your physician.

How reliable is it?

It is the best known method of contraception, providing virtually 100% protection when used properly because it prevents the formation of the egg.

Side effects?

About 25% of users report some side effects. The most common are nausea, weight gain, headaches, and vaginal discharge. More serious, even fatal side effects (4 per 100,000 users) have been reported.

Where obtained?

At a drugstore with prescription from a physician. Prescriptions may be obtained at Student Health Services located in Clark Hall Infirmary.

Cost?

About $2.00 for a month's supply.

The I.U.D. (Intrauterine Device) -- P78

Most are made of a flexible plastic which can be stretched into linear form to facilitate insertion into the uterus. How it works is not known, but it seems to prevent the feterilized egg from implanting into the uterine wall.

How is it used?

1. The I.U.D. is inserted by a physician in a quick, almost painless, procedure. I.U.D.'s are not presently inserted at Clark Infirmary; however, an infirmary physician will help make arrangements for obtaining the I.U.D. elsewhere.

2. The physician shows the woman how to check to be sure the device is in place by feeling the small thread which hangs through the cervix into the vagina.

3. Use another method of contraception during the first month in case the I.U.D. is rejected.

4. Have it checked 2 months after insertion and then once a year by the physician. The woman user should check the position of the I.U.D. thread once a week. If she cannot locate the thread, she should contact her physician.

How reliable is it?

In those women who retain the I.U.D., it is 98% effective. However, approximately 15% of all women given an I.U.D. reject it (expell it during their period or at some other time). Rejection is most common in women who have never been pregnant.

Side effects?

Irregular bleeding and/or pelvic pain or severe cramps are reported for many users, but often disappear after 2 or 3 months. However, 30 to 40% of the women who have an I.U.D. inserted have it removed during the first year, many of them because of the side effects of bleeding and cramping. Women who have the I.U.D. removed are often women who have never been pregnant.

Where obtained?

A physician prescribes and fits it.

Cost?

A private physician usually charges approximately $20.00 for insertion. This includes a return visit.

Diaphragm --

is a flexible metal ring covered with a thin piece of rubber. It is placed in the vagina so as to cover the cervix. It is used with a spermicidal cream which is placed on the side of the diaphragm touching the cervix.

How is it used?

1. Diaphragms come in several sizes and therefore must be fitted by a physician who also teaches how it is inserted. Clark Infirmary physicians provide this service. Since the same external body size does not indicate the same diaphragm size, you may not be protected if you use a friend's diaphragm. Also, if your body weight changes you may need a different size diaphragm.

2. It is inserted up to 3 hours prior to intercourse and left in place for at least 6 hours after intercourse. The effectiveness of the diaphragm is not reduced by showering but is by taking a bath.

3. To insert it, the woman puts 1 tablespoon of spermicidal cream in the dome of the diaphragm and covers the rim of the diaphragm with spermicidal cream, folds the edges together, and inserts it like a tampon. She then positions it in place with her finger. (These techniques are easily learned).

4. If intercourse is repeated, an additional application of spermicidal cream is inserted, without removing the diaphragm. Leave the diaphragm in place until 6 hours after the last intercourse.

How reliable is it?

When used correctly with the spermicidal cream, its reliability is about 95%. This method does require responsible planning on the part of the woman user in order to make sure that it is inserted correctly, left in place the correct amount of time, and that additional applications of spermicidal cream are inserted when intercourse is repeated.

Side effects?

None

Where obtained?

A physician fits the woman for size and then writes a prescription which is then presented at any drugstore.

Cost?

Diaphragm: Approximately $5.00

Spermicidal cream: Approximately $2.00

METHODS NOT NEEDING A PHYSICIAN'S PRESCRIPTION -- CONDOM and SPERMICIDAL FOAM or JELLY.

Condom (rubber or prophylactic) --

is a thin sheath which fits over the erect penis. During sexual intercourse it catches the seminal fluid, containing sperm. It is the only method of contraception which also helps prevent venereal disease. Its effectiveness is greatly increased when used with spermicidal foam.

How is it used?

1. It is placed on the top of the erect penis and unrolled down along the shaft of the penis. Be careful not to tear the condom. The lubricated types are preferable as they are sometimes more pleasant for the woman and cut down on friction that may cause the condom to break.

2. If there is no nipple or recepticle end on the condom, leave a space to catch the sperm.

3. Soon after ejaculation, the condom is held to the erect penis as the penis is withdrawn from the vagina so that the condom won't slip off. Check the condom for breakage.

4. Don't try to economize on condoms. They are meant to be used only once and will probably tear if used twice. Carry an extra one.

How reliable is it?

Cheap brands, the 25¢ variety purchased from restroom vending machines, have a defect rate of 3/100. Name brands (drug store brands) such as Trojan-enz, Ramses, Sheik, etc., have a defect rate of only 3/10,000.

Side effects?

A few persons may be allergic to the lubricant on a particular brand of condom and may develop a rash which will disappear quickly after stopping use of that brand of condom.

Cost?

$3.00 to $3.50 per dozen.

Foam --

is a cream, packaged under pressure like shaving cream, which kills sperm. Its effectiveness is greatly increased when used with a condom.

How is it used?

1. The container is shaken, the applicator filled and inserted far into the vagina. When the foam is pushed out of the applicator it covers the cervix.

2. This is done preferably just before intercourse, but never more than 30 minutes before.

3. A new application is required if intercourse is repeated no matter how close in time.

4. The foam is left in place and is absorbed in the vagina (like vanishing cream on the skin).

How reliable is it?

It is highly recommended that spermicidal foam be used in combination with a condom. Such a combination will offer nearly 100% protection when used correctly. The use of foam alone is less reliable.

Side effects?

Many women are allergic to a particular brand of foam, however, this is easily solved by changing brands.

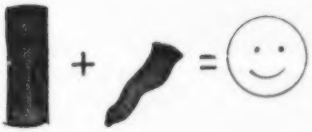
Where obtained?

In drug stores, on shelves next to feminine-hygiene products. Most popular brands are Delfen, Conceptrol and Emko Vaginal Foam.

Cost?

Kit (with applicator and cream for 25 applications): Approximately $3.00.

Foam and Condom Combination --



This offers nearly 100% protection. It is added insurance should the condom break or in case sperm are present in the first droplets of seminal fluid which may be deposited into the vaginal opening during foreplay, before the condom is placed on the penis.

PERMANENT METHODS OF CONTRACEPTION

Sterilization (vasectomy for men or tubal ligation and laparoscopy for women) is, at present, a nonreversible method for preventing pregnancy. When you have reached a stage in life where you are absolutely certain that you do not want a pregnancy to occur, you and your spouse may elect sterilization for either of you.

Vasectomy --

is a very simple operation done in a physician's office in about 20 minutes under local anesthetic. It involves tying the man's tubes (vas deferens) in his scrotum. Because it is safe, easy, and inexpensive, vasectomy is becoming very popular as a permanent means of birth control for men who are certain they wish to have no more children. More than two million men in the United States have had this operation to date.

Tubal Ligation --

is a simple operation in which the physician makes a small incision in the woman's lower abdominal area. A small section of each of the fallopian tubes is removed and the ends of the tubes are tied. Usually the woman is in the hospital for a total of four to five days. It is a permanent method of birth control and therefore is chosen only by women who are certain they do not want to have any more children.

Laparoscopy --

is a procedure similar to tubal ligation except that the tubes are sealed rather than tied. It allows the woman to return home the same day or the day after the operation.

UNRELIABLE METHODS OF CONTRACEPTION

Withdrawal --

is a tech. ique of withdrawing the penis from the vagina prior to ejaculation. This method is not effective because a few drops of seminal fluid escape prior to ejaculation. Also, the emotional satisfaction of love making is greatly reduced by this method.

Douche --

is the process of rinsing out the vagina with various solutions in an attempt to wash out sperm after intercourse. Since sperm enter the uterus (where a douche solution cannot reach them) within 90 seconds of ejaculation, this method is totally useless.

Rhythm --

is a plan for abstaining from intercourse during the woman's fertile period. It is extremely unreliable because women do not ovulate consistently in mid-cycle. Remember, there is no "safe period" of the month, pregnancies can occur at any time during the menstrual cycle, even during menstruation.

Abstention --

means refraining from intercourse and heavy stroking and petting where droplets of seminal fluid containing sperm could come near the vaginal opening. Remember, sperm have an incredible ability to swim rapidly in a moist area.

Actions

Anatomy
&
Physiology

MALE EXTERNAL SEX ORGANS

The visible sex organs of the male consist of the penis and scrotum.

1. Penis --

is the male organ used in intercourse. The central tube of the penis is the urethra and, at other times, depending on closure of certain valves, either urine or semen is transported to the outside of the body through it. The spongy tissue which surrounds the urethra is supplied with a rich network of blood vessels and nerves. During sexual arousal they become engorged, causing the penis to stiffen to the erect state. Penis size has no bearing on the male's sexual performance or the female's pleasure.

2. Scrotum --

is the sac beneath the penis and between the legs of the male which holds the testes.

MALE INTERNAL SEX ORGANS

3. Testes --

are the gonads (reproductive glands) which produce sperm. They also produce the male hormone, testosterone. The testes produce and store hundreds of millions of sperm, and are contained in the scrotum. Usually one testis is somewhat larger than the other.

4. Vas deferens --

is the tube which connects the testis to the urethra. There is one tube for each testis.

5. Prostate gland --

is the size of a large chestnut and located at the base of the bladder. It is responsible for most of the seminal fluid.

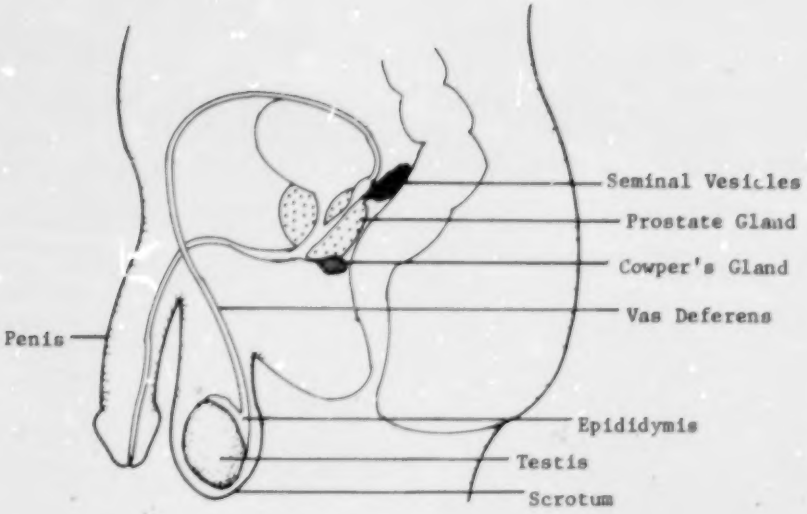
6. Seminal vesicles --

are two sacs at the end of the vas deferens near the urethra. They contribute fluid to the ejaculate which initiates mobility of the sperm.

7. Cowper's glands --

are two pea-sized glands on either side of the penile urethra and secrete small amounts of acidic fluid during sexual arousal which travel down the alkaline urethra and tend to neutralize it for the sperm. These droplets on the head of the penis during sexual foreplay often contain sperm and may explain pregnancies resulting without ejaculation.

Male Sex Organs



Circumcision

is the surgical excision of the folds of foreskin which causes the head of the penis (glans penis) to be constantly exposed. Circumcision is practiced in many cultures around the world as both a ritual and sanitary measure. Uncircumcised males should make a special effort to cleanse the glans penis carefully when bathing.

FEMALE EXTERNAL SEX ORGANS

1. Vulva --

are the external genitals of the female and consist of the Mons Veneris, the major and minor lips, the clitoris, and the vaginal opening.

2. Labia --

the two sets of folds or lips of skin which protect the vaginal opening. Ordinarily the major lips appear closed. The minor lips are inside the major lips and extend around the opening of the vagina to the clitoris and cover the clitoris.

3. Clitoris --

becomes engorged with blood during sexual excitement. It is highly sensitive and is the area stimulated directly or indirectly to produce female orgasm.

4. Vaginal opening --

is visible only when the inner lips are parted. It receives the penis during sexual intercourse.

5. Hymen --

is a thin membrane which may ring the vaginal opening. It varies greatly in individual shape and size. It is unreliable as evidence for or against virginity.

FEMALE INTERNAL SEX ORGANS

6. Vagina --

(birth canal) is located between the vaginal opening and the cervix. It receives the penis during intercourse. Though its walls touch in the flaccid state, it has the elastic ability to accomodate an erect penis and during the final stages of labor, to allow the fetus to pass from the uterus out of the body.

7. Cervix --

is the opening or "mouth" of the uterus.

8. Uterus --

(womb) is the shape of an inverted pear and is the chamber which houses the developing embryo (termed fetus after 8th week of gestation) until birth. If fertilization has occurred the embryo is embedded into the lining of the uterus which is thickened to receive it. The lining provides a rich network of blood, carrying nutrients to the embryo as it develops.

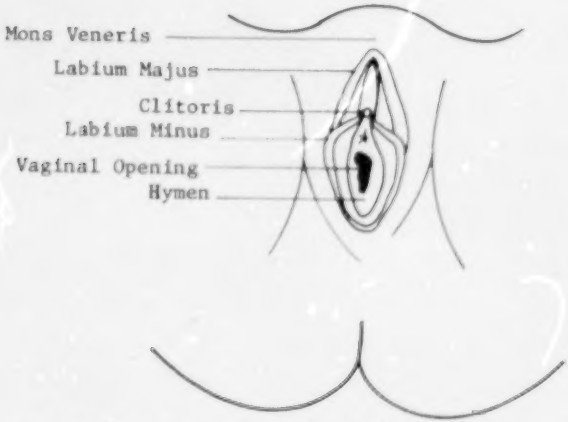
9. Fallopian tubes --

are tubes with finger like extensions near the ovaries. The expelled egg travels down the fallopian tubes to the uterus. Fertilization usually occurs in the outer one-third of the fallopian tubes.

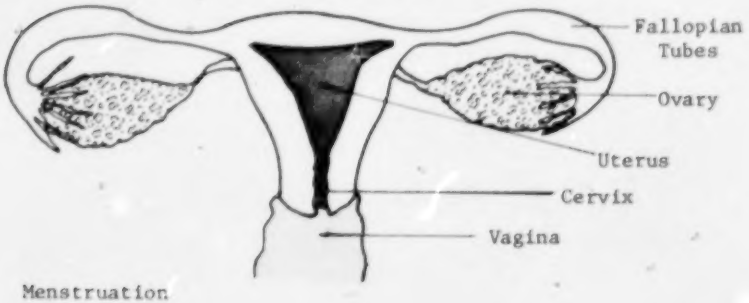
10. Ovaries --

are the female gonads which produce the ovum or egg. In addition they produce estrogen and progesterone, two female sex hormones. The ovaries are almond shaped and positioned on either side of the top of the uterus. As the egg matures it ruptures the ovarian capsule and is expelled. After puberty an ovum usually matures and is discharged each month.

Female External Sex Organs (Vulva)



Female Internal Sex Organs



Menstruation

is the shedding of the lining of the uterus. This happens in regular cycles, usually every 26-32 days, if fertilization does not occur. Some women are frequently irregular. A woman's regular cycle may fluctuate due to specific stresses, e.g., final exams, or her emotional state. Levels of estrogen and progesterone control the menstrual cycle.

"Day One" of a Menstrual Cycle

is considered to be the first day of uterine bleeding and is the day upon which all calculations regarding the menstrual cycle and pregnancy are based.

PREGNANCY TESTS

Afterthoughts

Pregnancy

A simple pregnancy test can be made through the services of the Clark Infirmary. A woman student desiring such a test should see one of the Infirmary physicians immediately for instructions. The physician will recommend the following procedure: go 24 hours without taking any form of medicine, then take a urine sample in a clean container early in the morning before eating or drinking anything. Deliver sample to the Infirmary Monday through Friday with a request that it be tested for pregnancy. The results of the test will be available usually the following day. The cost of the test is $3.50. A pregnancy test is most reliable only after 42 days following "day one" of the last menstrual period. If you have any reason to believe you might be pregnant, get a pregnancy test as soon as possible after the 42nd day.

When the results of the pregnancy test are reported to the student, it is done in a private consultation with a physician. The reason for this is that should the test be negative, a student who is sexually active may obtain advice from a physician on ways of postponing or preventing pregnancy; and if the test is positive, the student may wish to consider the alternatives available to her with the physician, a counselor, and/or a chaplain.

Should a woman come to the Counseling Center knowing that she is pregnant, the counselor with whom she speaks will provide specific information concerning the type of option she has chosen for herself, be that to marry, to have the infant and keep it as a single parent, have the infant and put it up for adoption, or to have an abortion. The counselor will be able to discuss the full range of options with the woman, but the final choice of which option to choose is the woman's. The Counseling Center offers conjoint counseling for couples when both desire to discuss the options with a counselor.

UNINTERRUPTED PREGNANCIES

If you or your partner become pregnant, you face an important decision. If you and your partner decide to have the child there are several options available to you:

Marriage --

If you and your partner decide to marry in the State of North Carolina, you will need a marriage license which is issued by the Register of Deeds Office at the Court House. For the license, each of you will need a physical exam and blood test (available to students at the Clark Infirmary) done within 30 days of the wedding. The license costs $7.00. The NCSU Counseling Center has more complete information on the procedures for obtaining a marriage license. The NCSU Chaplains are also available to discuss marriage plans with you.

Single Parenting --

This is becoming more accepted today as an alternative life style. However, it usually places the emotional and financial responsibility of child raising on one person and therefore requires much thought.

Adoption --

If you and your partner elect to have the child but do not feel that you can care for it at that time, adoption may provide a welcome alternative. There are both state and private adoption agencies. In North Carolina adoptions are not processed (that is the infant is not presented to the adopting parents) for at least 30 days after the birth of the infant in order for the mother to have more time for her decision. The NCSU Counseling Center has information on the services available in North Carolina.

INTERRUPTED PREGNANCIES (ABORTIONS)

The North Carolina State Law says the following about abortions:

According to 1973 North Carolina Legislation (G.S. 14-45.1),

1. During the first 20 weeks of pregnancy, the law requires that:

   a. abortions may be performed in a clinic only during the first twelve weeks of pregnancy; thereafter they must be performed in a hospital;

   b. the abortion must be performed by a physician licensed to practice in North Carolina;

   c. the abortion must be performed in a hospital (after 12 weeks gestation) or clinic (up to 12 weeks gestation) certified as suitable for abortions by the N. C. Medical Care Commission (Division of Facility Services).

2. After the 20th week of pregnancy an abortion may only be performed in a hospital by a physician licensed to practice in North Carolina if there is substantial risk that continuance of the pregnancy would threaten the life or gravely impair the health of the woman.

3. Neither a physician nor a nurse may be required to assist with an abortion if they object to doing so on moral, ethical, or religious grounds.

4. Hospitals and other health care institutions are not required to provide abortion services.

MAJOR ABORTION METHODS

Menstrual Extraction --

(before 50 days) is similar to the vacuum D & C except that the tubes are narrower and the need for dilation is less, Approximate cost - $140.00.

Vacuum D & C --

(before 12 weeks) sometimes referred to as uterine aspiration is the most common procedure used in clinics because it is efficient and safe in that the chance of a perforation of the uterine wall is very low. The cervix is dilated and a vacuum curettage operating unit is attached to an aspirator tube which is inserted through the cervix into the uterus. The fetal material is slowly suctioned and passes into bottles attached to the vacuum curettage unit. This takes less than a minute, though the whole operation takes a bit longer because the physician then makes sure all the fetal material is removed from the uterus. The whole procedure usually takes 15 minutes. The cost, in this area, is approximately $200.00 and includes counseling, instruction in forms of contraception, and a follow-up visit.

Prostaglandin --

(after 12 weeks) are certain fatty acids which have been found successful in inducing labor contractions and consequently expelling of the fetus. The prostaglandins are intraveneously fed into the body for a period of time up to 24 hours. The cost is between $600 and $700.

Saline solution --

(16 to 20 weeks) is a miscarriage induced by withdrawing the amniotic fluid surrounding the fetus and replacing it with a saline solution. Within 24 to 48 hours contractions start and the fetus is expelled. This procedure is only done in certain hospitals and the cost ranges between $600 and $700.

Venereal Disease

Venereal disease (VD) has plagued men and women for centuries. VD refers to several disorders transmitted primarily through sexual contact. No vaccine or natural antibody production exists to insure that individuals, once they have contracted VD, can prevent reinfection. VD is a very real problem for individuals in this geographic area. For several years the Durham-Raleigh area has been in the highest 5% of the nation's cities in incidents of reported gonorrhea, specifically, and VD, in general.

Syphilis and gonorrhea are by far the most prevalent of these infectious diseases and are the only ones transmitted solely by sexual contact. It is a hazard of non-exclusive sex by either partner.

PREVENTION OF VD

1. VD is passed exclusively by person-to-person contact (heterosexual or homosexual) through sexual intercourse, oral sex, or anal sex.

2. Washing the sexual organs with soap and water, either before or after contact, offers no protection whatsoever.

3. An injection of penicillin a few hours before contact can prevent gonorrhea. An injection of penicillin immediately after contact will prevent both gonorrhea and syphilis from developing.

4. A condom is effective against gonorrhea, and provides good (but not absolute) protection against syphilis if it is properly used and carefully removed.

5. The best protection is a high degree of suspicion. Periodic tests for VD are wise for sexually active individuals who themselves, or whose partners, engage in non-exclusive sex.

GONORRHEA (G. C.)

Symptoms in the male --

causes burning sensation when urinating. Pus oozes from the penis, and there is itching inside the penis 2 to 10 days after exposure. Any or all of the symptoms may be presented.

Symptoms in the female --

The infection may produce no symptoms, so the female may never know she is infected. The organisms may remain latent for years. The acute infection may be accompanied by burning on urination, itching in the vagina, and a thick, pus-like discharge. In later stages, the symptoms are vague, including menstrual distrubances, abdominal pain, or sterility.

What happens if gonorrhea is not treated?

In both males and females the infection progresses, causing sterility. In some cases it may also cause arthritis.

Treatment --

1. The discharge, or the mucous membranes if there is no discharge, will be swabbed and the material studied under a microscope to look for organisms. It may also be cultured to see if organisms grow.

2. A urine specimen will be taken for study.

3. A blood sample may be taken if the other tests are negative.

4. You will be given an injection of penicillin. Over 90% of cases will be cured with this single treatment.

5. You will be asked to return later for a check-up until all the organisms are gone.

6. It is not safe to resume intercourse until completely cured.

7. There are strains of gonorrheal bacteria developing which are resistant to penicillin.

SYPHILIS

Symptoms in the male --

includes a painless sore (chancre) occurring at the point where the infecting organisms entered the body. This usually occurs on the penis. It appears 2 to 4 weeks after exposure, and spontaneously heals even if not treated. But the infection is still there. If untreated a rash, sore throat, and fever develop 2 to 6 months later followed by heart and fatal brain disease 4 to 30 years later.

Symptoms in the female --

are the same as for the male. Unfortunately, the painless sore is often inside the vagina and never noticed.

What happens if you are not treated?

Untreated syphilis remains inactive for years, finally ending in heart disease, brain disease, and death.

Treatment --

1. The sore will be swabbed, and studied for organisms.

2. A blood sample will be taken.

3. You will be given an injection of penicillin in each buttock.

4. It will be necessary to return several times for repeated blood tests, until they indicate you are cured.

5. Do not resume intercourse until the cure is complete.

Notifying Other Contacts --

is extremely important in cases of gonorrhea or syphilis. All possible sexual contacts need to be promptly notified and urged to get treatment immediately. The Public Health workers will do this if you give them names, but preferably you notify all contacts immediately yourself. Many private physicians do not report cases of VD to the Health Department.

HERPES SIMPLEX VIRUS

is a virus which lodges in the nerve cells and can develop spontaneously. It is transmitted by sexual contact. It can be easily transmitted through any break in the skin.

Symptoms --

include cold sores around the mouth, or blisters and open sores around the genitals, thighs, or buttocks. They may disappear within a month but may recur periodically up to two years after initial contact. Usually such recurrences are less severe.

Treatment --

may be applied locally to reduce pain and prevent infection, but, there is no known cure that will kill the virus. If you or your partner has a lesion or cold sores, it is unwise to engage in oral sex, and it is important to use a condom if engaging in sexual intercourse.

NONSPECIFIC URETHRITIS

refers to any unknown cause of inflammation of the male urethra. It often develops in a male recently cured of gonorrhea.

Symptoms --

are similar to gonorrhea

Treatment --

is curable by antibiotics, such as tetracycline. Unlike gonorrhea it does not respond to penicillin.

VENEREAL WARTS

are painless warts on the genitals which appear 1 to 3 months after intercourse with an infected partner. Poor hygiene or excessive moisture in the genital area are suspected causes.

Treatment --

consists of freezing or surgical removal or repeated application of Podophyllin. Infirmary physician will advise the best method of treatment.

PUBIC LICE (CRABS)

are bluish-gray and about the size of a pinhead. They infest the pubic hair.

Symptoms --

consist of intense itching which results from bites. The lice feed on blood like mosquitoes.

Treatment --

consists of an application of a cream or shampoo preparation of gamma benzene hexachloride (Kwell). This can be obtained at Clark Infirmary. Clothes and bedding need to be laundered to prevent reinfestation.

WHEN TO SEEK TREATMENT FOR ANY TYPE OF VD

1. When any suspicion arises in your mind, or
2. When any of the symptoms above are noticed, or
3. When you have any reason to believe that you may have been exposed.
4. If you are female and you or your partner engage in non-exclusive sex, a VD check every 6 months is a good idea because you may show no symptoms of the disease.
5. Remember one use of the condom is to prevent VD. Even if you use another method of contraception, think about using the condom if you or your partner engage in non-exclusive sex.
6. The danger of VD is that most types can ping-pong back and forth between sexual partners. Therefore, communication between partners is a good idea.

WHERE TO SEEK TREATMENT FOR VD

Clark Hall Infirmary, a private physician, or the Wake County Health Department VD clinic at 8010 New Bern Avenue, Raleigh.

Vaginitis

means inflammation of the vagina. The most common causes are Monilia, Trichomonas, or Bacterial Infections. It is the most common female genital disease.

Symptoms --

severe itching and vaginal discharge

Treatment --

varies with the specific microscopic organism causing the inflammation.

MONILLIA (YEAST OR FUNGUS INFECTION)

Symptoms --

include a thick, white, curdy vaginal discharge which causes intense itching. There is no odor.

Treatment --

is with vaginal cream or suppositories of mycostatin. If it is persistent in the sexually active female, the male partner(s) should also be checked by a physician.

TRICHOMONAS VAGINALIS (PROTOZOAN INFESTION)

Symptoms --

include frothy, white or yellow, vaginal discharge which has an unpleasant smell.

Treatment --

is with Flagyl (Methronidazole) tablets. The FDA has cautioned against prolonged or over-use of Flagyl. The male partner(s) may need to be treated also, because males may be carriers of the disease.

BACTERIAL INFECTIONS

Symptoms --

occurs either alone or in combinations with the above infections.

Treatment --

is usually with vaginal creams or gels.

Sources of Help

NCSU HEALTH SERVICES (CLARK INFIRMARY)

The medical fee paid by each full-time student provides for Infirmary services, general medical treatment, and nursing services. It does not provide for surgical operations, outside hospital care, or the services of dentists or other specialists.

All health and medical information is confidential and is recorded only in medical records which are not available to parents or personnel outside of the medical staff of the Infirmary.

Contraceptive planning service is offered at the Infirmary. To aid students in learning the advantages and disadvantages of the various types of contraceptives, an Infirmary physician has narrated an hour-long color video tape on Contraception which was produced by the NCSU Counseling Center. This tape is presented weekly at the Infirmary with a discussion session following its presentation. This presentation can also be made available at special times for groups of students requesting it at either Clark Infirmary or Harris Hall. To request a viewing of this tape, either contact Clark Infirmary (737-2564) or the Counseling Center (737-2424).

NCSU COUNSELING CENTER SERVICES

The staff of professional counselors in the Counseling Center is prepared to work with any student on problems involving all aspects of sexual behavior (dating, pre-marital sexual behavior, homosexuality, problem pregnancies, couples counseling, problems relating to sexual functioning, etc.) All information is kept confidential. The Center offers psychiatric consultation and individual and group counseling of a therapeutic nature and will refer to other campus or community resources if such a referral is deemed appropriate. For an appointment a student may either telephone 737-2424 or come by Room 200, Harris Hall

NCSU CLERGY SERVICES

The NUB of the Student Center is the headquarters for the campus chaplains. Students may telephone 737-2414 for an appointment. At present, NCSU has 8 chaplains, representing different religious denominations.